REQUEST

For receiving Office use only	a
International Application No.	
International Filing Date	
Name of receiving Office and "PCT International Application"	

international application be processed according to the Patent Cooperation Treaty.	Name of receiving Of	fice and "PCT International Application"		
	Applicant's or agent's (if desired) (12 charact	file reference (ers maximum) G5467 PCT		
Box No. I TITLE OF INVENTION Catalyst arrangement and method of purifyin engines operated under lean conditions	g the exhaust o	gas of internal combustion		
Box No. II APPLICANT This person	is also inventor			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)				
Umicore AG & Co. KG		Facsimile No.		
Rodenbacher Chaussee 4		Tolonistan		
63457 Hanau- Wolfgang		Teleprinter No.		
Germany		Applicant's registration No. with the Office		
State (that is, country) of nationality: DE	State (that is, country) DE	of residence:		
This person is applicant for the purposes of: all designated states all designated the United States		the United States of America only the States indicated in the Supplemental Box		
Box No. III FURTHER APPLICANT(S) AND/OR (FURTH				
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only				
PFEIFER, Marcus				
Wittkuller Str. 154a 42719 Solingen inventor only (If this check-box				
42719 Solingen Germany inventor only (If this check-box is marked, do not fill in below.)				
		Applicant's registration No. with the Office		
State (that is, country) of nationality:	State (that is, country)	of residence:		
DE This person is applicant all designated all des	DE			
		the United States of America only the States indicated in the Supplemental Box		
Further applicants and/or (further) inventors are indicated on a continuation sheet.				
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE				
The person identified below is hereby/has been appointed to act on of the applicant(s) before the competent International Authorities as	behalf s:	agent common representative		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Telephone No. +49 89 41 30 40				
VOSSIUS & Partner Signartetra Ro. 4 Facsimile No.		Facsimile No.		
Siebertstraße 4 31675 Munich		+49 89 41 30 4111		
Germany	Teleprinter No.			
		Agent's registration No. with the Office		
Address for correspondence: Mark this check-box where n	o agent or common ren	resentative is/has been appointed and the		
space above is used instead to indicate a special address to w	hich correspondence sh	ould be sent.		

Sheet No. ... 2...

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
If none of the following sub-boxes is used, this sheet should not be included in the request.			
Name and address: (Family name followed by given name; for a legal entity, for the address must include postal code and name of country. The country of the act Box is the applicant's State (that is, country) of residence if no State of residence is SOEGER, Nicola Mellenseestr. 53 63456 Hanau Germany	dress indicated in this		
State (that is, country) of nationality: DE State (that is, country)	tate (that is, country) of residence:		
This person is applicant for the purposes of: all designated states all designated the United States	tes except of America only the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, furthe address must include postal code and name of country. The country of the address must include postal code and name of country. The country of the address is the applicant's State (that is, country) of residence if no State of residence is to DEMEL, Yvonne Fachfeldstr. 31 60386 Frankfurt Germany	dress indicated in this		
	ate (that is, country) of residence:		
This person is applicant for the purposes of: all designated States of the United States of	the United States the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, ful The address must include postal code and name of country. The country of the add Box is the applicant's State (that is, country) of residence if no State of residence is it KUHL, Tobias Bruchwiesenweg 23 63457 Hanau Germany	trass indicated in this !		
	ate (that is, country) of residence:		
This person is applicant for the purposes of: all designated States all designated the United States of	the United States the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full The address must include postal code and name of country. The country of the add Box is the applicant's State (that is, country) of residence if no State of residence is in SPURK, Paul Christian Georgenstr. 14a 64331 Weiterstadt Germany	ress indicated in this		
State (that is, country) of nationality: DE State	te (that is, country) of residence:		
This person is applicant for the purposes of: all designated States all designated the United States of			
Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Sheet No. ...3...

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)					
If none of the following s	sub-boxes is used, t	his sheet should no	t be included in	the red	quest.
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) GIESHOFF, Jürgen Am Burgwerksrain 10 63599 Biebergmünd			d in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)	
Germany					Applicant's registration No. with the Office
State (that is country) of	Zat z za z tie z	·····	10: 41:41		
State (that is, country) of n	ationanty.		State (that is, o	country,	of residence:
This person is applicant for the purposes of:	all designated States	all designated the United Sta	States except ates of America		the United States of America only the States indicated in the Supplemental Box
Name and address: (Family The address must include posta Box is the applicant's State (the LOX, Egbert Am Lärchentor 8 36355 Grebenhair Germany	rl code and name of cou at is, country) of residen	intry. The country of the	e address indicated	in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of na BE	tionality:		State (that is, co	ountry)	of residence:
This person is applicant for the purposes of:	all designated States	all designated the United Sta	States except tes of America	X	the United States the States indicated in the Supplemental Box
Name and address: (Family The address must include posta Box is the applicant's State (tha KREUZER, Thom Philipp-Reis-Str. 61184 Karben Germany	l code and name of cou t is, country) of residenc IAS	ntry. The country of the	e address indicated	in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of na	tionality:		State (that is, co	ountry)	of residence:
This person is applicant for the purposes of:	all designated States	all designated the United State			he United States the States indicated in the Supplemental Box
Name and address: (Family) The address must include postat Box is the applicant's State (that	code and name of cour	itry. The country of the	address indicated i	in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nat	tionality:		State (that is, con	untry) c	f residence:
This person is applicant for the purposes of:	all designated States	all designated State			the United States the States indicated in the Supplemental Box
Further applicants and/or (further) inventors are indicated on another continuation sheet.					

Sheet No. ...4..

BOX NO. V DESIGNA	HONS			
The filing of this request co filing date, for the grant of	nstitutes under Rule 4.9(a), a every kind of protection avail	the designation of all Contable and, where applicable	tracting States bound by t	he PCT on the international
However,		••	, g	S-o and national patents.
DE Germany is not d	lesignated for any kind of nat	tional protection		
KR Republic of Kore	ea is not designated for any k	ind of national protection		
RU Russian Federation	on is not designated for any l	kind of national protection		
I we number at taw, of an earth	v be used to exclude (irrevocat er national application from v is in these and certain other S	which priority is claimed .	rned in order to avoid the See the Notes to Box No.	ceasing of the effect, under V as to the consequences of
Box No. VI PRIORITY	CLAIM			
The priority of the following	g earlier application(s) is here	by claimed:		
Filing date of earlier application	Number of earlier application	7	Where earlier application	is:
(day/month/year)	or earner approximen	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) (05/08/2003) August 05, 2003	103 35 785.8	DE		
item (2)				
item (3)				
Further priority claims a	are indicated in the Supplemen	ntal Box.		
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:				
all items ite	m (1) item (2)) item (3)	On other se	e Supplemental Box
* Where the earlier application Industrial Property or one Me	on is an ARIPO application in	dicate at least one country	north to the Dorin Comme	
·····			···· application was file	:a (Ruie 4.10(0)(11)):
Box No. VII INTERNATI	IONAL SEARCHING AUT	HORITY		
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA / EPO				
Request to use results of ear	lier search; reference to th		arch has been carried out	by or requested from the
Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year) Number Country (or regional Office)				
Date (day/month/year) Number Country (or regional Office)				
Box No. VIII DECLARATIONS				
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration): Number of declarations				
Box No. VIII (i)	Declaration as to the identity	of the inventor		:
Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent				
Box No. VIII (iii)				:
Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America)				
Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:				

Sheet No. ...5

Box No. IX CHECK LIST; LANGUAGE OF FILING			
This international application contains: (a) in paper form, the following number of sheets:	This international application is accompanied by the followin item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items	
request (including declaration sheets) : 5	1. fee calculation sheet	:	
description (excluding	2. original separate power of attorney	:	
sequence listing and/or tables related thereto) : 10	3. original general power of attorney	:	
claims : 2	4. copy of general power of attorney; reference number if any:	,	
abstract : 1	5. statement explaining lack of signature	:	
drawings : 2	6. priority document(s) identified in Box No. VI as item(s): 1 DE 1.03 35.785.8	. 1	
Sub-total number of sheets : 20 sequence listing :	7. Translation of international application into	·	
tables related thereto :	(language):		
(for both, actual number of sheets if filed in paper form, whether or not also filed in	or other biological material 9. sequence listing in computer readable form	:	
computer readable form; see (c) below)	(indicate type and number of carriers) (i) Copy submitted for the purposes of international se	arch under	
Total number of sheets : 20	Rule 13ter only (and not as part of the internationa (ii) (only where check-box (b)(i) or (c)(i) is marked in left	l application) :	
(b) only in computer readable form (Section 801(a)(i))	additional copies including, where applicable, the purposes of international search under Rule 13ter	copy for the	
(i) ☐ sequence listing (ii) ☐ tables related thereto	(iii) together with relevant statement as to the identity of copies with the sequence listing mentioned in left c	f the copy or column :	
(c) also in computer readable form (Section 801(a)(ii))	10. tables in computer readable form related to sequence li (indicate type and number of carriers)		
 (i) ☐ sequence listing (ii) ☐ tables related thereto 	(i) copy submitted for the purposes of international ser Section 802(b-quater) only (and not as part of the in application)	arch under nternational	
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the	(ii) (only where check-box (b)(ii) or (c)(ii) is marked in legalditional copies including, where applicable, the copurposes of international search under Section 802	f column) copy for the	
sequence listing:	(iii) together with relevant statement as to the identity of copies with the tables mentioned in left column	f the copy or	
tables related thereto: (additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)	11. other (specify):	: ::	
Figure of the drawings which should accompany the abstract:	Language of filing of the international application: English		
Box No. X SIGNATURE OF APPLICANT Next to each signature, indicate the name of the person sign	, AGENT OR COMMON REPRESENTATIVE ing and the capacity in which the person signs (if such capacity is not obvious)	from reading the reauest).	
	Vossius & Partr		
	Siebertstr. 4		
xel Stellbrink /	81675 Müncher	,	
(Nr. 21)			
European Patent Attorney (Nr. 31)			
For receiving Office use only			
 Date of actual receipt of the purported international application: 		2. Drawings:	
2 6 411 6 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		received:	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:			
4. Date of timely receipt of the required corrections under PCT Article 11(2):			
5. International Searching Authority (if two or more are competent): ISA / 6. Transmittal of search copy delayed until search fee is paid			
For International Bureau use only			
Date of receipt of the record copy by the International Bureau:			

This sheet is not part of and does not count as a sheet of the international application.

FEE CALCULATION SHEET

		•
International Application No.		

For receiving Office use only

Annex to the Request	International Application No.			
Applicant's or agent's file reference G5467 PCT	Date stamp of the receiving Office			
Applicant Umicore AG & Co. KG				
CALCULATION OF PRESCRIBED FEES				
1. TRANSMITTAL FEE	EUR 100.00 T			
2. SEARCH FEE				
3. INTERNATIONAL FILING FEE				
Where items (b) and/or (c) of Box No. IX apply, enter Sub-total num Where items (b) and (c) of Box No. IX do not apply, enter Total num	nber of sheets }			
il first 30 sheets	JR 902.00 i1			
i2 x 10.00 = EU number of sheets in excess of 30 fee per sheet	JR 0.00[i2]			
additional component (only if sequence listing and/or tables rel thereto are filed in computer readable form under Section 801(a or both in that form and on paper, under Section 801(a)(ii)):	a)(i),			
400 x fee per sheet	R i3			
Add amounts entered at i1, i2 and i3 and enter total at I EUR 902.00 I				
(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)				
4. FEE FOR PRIORITY DOCUMENT (if applicable)	EUR 🔻			
5. TOTAL FEES PAYABLE	EUR 2,552.00 TOTAL			
MODE OF PAYMENT				
authorization to charge postal money order postal money order	cash coupons			
cheque bank draft	revenue stamps other (specify):			
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUTHS mode of payment may not be available at all receiving Offices)				
Authorization to charge the total fees indicated above.	Deposit Account No.: 2800.0321			
(This check-box may be marked only if the conditions for deposit account of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Date: August 29, 2004 Name: Axel Stellbrink			
Authorization to charge the fee for priority document.	Signature:			
orm PCT/RO/101 (Annex) (January 2004)	See Notes to the fee calculation sheet			